

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035891

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

818-057167

PL#29332

1003

Registrar's No.

9627

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURILength of stay in 1b
30 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY
OR
TOWN ST. LOUISInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VAH, ST. LOUIS, MO.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS 3765 LINDELLReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
AUBREY F. BAILEY4. DATE
OF
DEATH OCTOBER 6 19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/21/949. AGE (last birthday)
67IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
Custodian11. BIRTHPLACE (City and state or country)
HARDIN, ILLINOIS12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

EDWARD BAILEY

13b. MOTHER'S MAIDEN NAME

ANNA CRALL

14. NAME OF HUSBAND OR WIFE

HELEN BAILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HELEN BAILEY SEE 2D

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple Bleeding Duodenal Ulcers

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

541.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 9/6/62 to 10/6/62 and last saw him alive on 10/6/62
Death occurred at 2:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

10/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE 10/10/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 8 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Nussleman

Licensed Embalmer No. 41916
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.